DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504002	A. BUILDING _____ B. WING _____	07/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BHC FAIRFAX HOSPITAL	10200 NE 132ND ST, KIRKLAND, WA, 98034

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
0000	Initial Comments

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MEDICARE COMPLAINT SURVEY FOLLOW-UP VISIT

The Washington State Department of Health (DOH) in accordance with Medicare Conditions of Participation for Hospitals set forth in 42 CFR 482, conducted this health and safety survey.

Onsite dates: 10/02/18
Intake number: 83163

The survey was conducted by:

Surveyor #3

This follow-up survey resulted from a complaint survey in which the facility was found NOT IN COMPLIANCE with Medicare Conditions of Participation set forth in 42 CFR 482.13 Patient Rights.

During this on-site follow-up survey, Department of Health staff determined that the facility is now in substantial compliance with all Conditions of Participation set forth in 42 CFR for Hospitals except those standard-level deficiencies listed below.

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A0144	Patient Rights: Care In Safe Setting 482.13(c)(2) Corrected On: 33900 . Based on observation, interviews, record reviews and review of policies and procedures, the hospital failed to implement a system that provided a safe environment for those identified as high risk for suicide. Failure to ensure a safe environment places patients at risk for serious injury or death. Findings included: 1. Document review of the hospital's policy and procedure titled, "Suicide Precautions," policy number 1000.24, last revised 05/18, showed that staff would observe patients on suicide precautions with an increased level of vigilance. Room searches are conducted daily or more often as indicated to remove harmful or contraband items. Document review of the hospital's policy and procedure titled, "Search for Contraband," policy number 1000.7, last revised 05/18, showed that voluntary patients will be scanned with a metal detector in admissions prior to entering the unit. Unit searches on patient rooms and common areas are conducted daily or more frequently as needed. Document review of the hospital's policy titled, "Linens Management," policy number 1001.9, last

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revised 08/30/18, showed that patients on suicide precautions and their roommates will have towels checked out for short-term use only (e.g. showering) and then returned. Nursing staff doing rounds are to check for any patients on suicide precautions who have towels checked-out to ensure that they are returned in a timely manner.

Document review of the hospital's policy titled, "Safety Linen," policy number 10001.09, last revised 10/18, showed that orders for safety linens require removal of all personal clothing from the patient (refusal to change into safety linens will be documented in the medical record). Whenever possible, patients who are ordered safety linens are placed in a private room. If this is not possible, the linens and/or personal clothing of roommates may be restricted as well.

2. On 10/02/18 at 9:45 AM, Surveyor #3 inspected Patient #301's room (Room #409B). The surveyor observed two towels lying in the patient bathroom and a laundry basket of personal clothing located in Room #409B's cube tower. The surveyor also observed a laundry basket of personal clothing located in Room #409A's cube tower.

- At the time of the observation, the Child and Adolescent South Unit electronic intake census board showed (under the notes section) that Patient #301 was on suicide linens and gowns (specialized clothing and materials which is not easily ripped or tied into knots) and was on room lockout.

3. On 10/02/18 at 9:45 AM, during a routine room search, Surveyor #3 interviewed a program specialist

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(Staff #302) about the new hospital policy on linen management. Staff #302 stated that patients are only allowed three towels and three blankets at one time. Towels and other linens in excess of those allowed are to be turned in after using or are collected during room searches.

4. On 10/02/18 at 10:30 AM, Surveyor #3 interviewed a physician (Staff #303) about Patient #301's care. She stated the patient had two suicidal behavior incidents over the weekend and was placed back on suicide precautions. Additionally, Patient #301 was placed on every 5-minute observational monitoring. Staff #303 stated it was "not ok" for Patient #301 to have access to her personal clothing as described by the surveyor's observation. She stated she had requested that Patient #301 be placed in a room with another person requiring every 5-minute observational monitoring so that the patient could be watched more carefully. Staff #303 stated more staff would be helpful.

5. On 10/02/18 at 11:15 AM, Surveyor #3 reviewed the medical record of Patient #301 who was admitted on 09/12/18 for suicide attempt by suffocation and worsening depression. The review showed the following:

-An admission psychiatric evaluation indicated Patient #301 had prior suicide attempts including a self-reported attempt to bleed herself out in a bathtub and attempted drowning within the last year. The patient was placed on suicide precautions and unit restriction upon admission to the unit.

- On 09/15/18 at 12:00 PM, physician orders for

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suicide precautions were discontinued.

-On 09/20/18, a nursing progress note dated 09/20/18 at 2:50 PM showed the patient reported to their provider that they had attempted to strangle themselves multiple times in the morning unwitnessed by nursing staff. A physician order was obtained for the patient to be on every 5-minute observational monitoring while awake and unit restriction.

-On 09/24/18, a daily nursing progress note showed the patient reported putting a pillowcase around their neck but it was not directly observed by the nursing staff. The physician was notified and the patient was placed on one-to-one observational monitoring.

- On 09/25/18 at 9:00 AM, a physician order changed observational monitoring to every 5-minutes while awake.

- On 09/27/18 at 10:00 AM, a physician order discontinued every 5-minute observational monitoring.

- On 09/28/18 at 2:30 PM, a physician order discontinued suicide precautions.

- On 09/29/18, a nursing progress note dated 09/29/19 at 10:45 PM showed Patient #301 was found by the staff in her bathroom with a pillowcase around her neck. A pillowcase was removed from the patient. The physician was notified. The patient was ordered additional medication, placed back on suicide precautions, unit restriction, and placed on 5-minute observational monitoring at all times. A

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medical consultation for the strangulation incident was obtained.

Shortly after receiving the medication, Patient #301 wrapped a different pillowcase around their neck. The pillowcase was removed from the patient and the patient was locked out of the room in order to be visible in the hallway. The physician was again notified and ordered the patient placed into specialized clothing for suicidal behavior which is tear resistant. The physician order included having the patient's bed linen replaced with a specialized blanket which is tear resistant as well .

- On 10/01/18 at 3:45 PM, a psychiatrist progress note showed that over the weekend, Patient #301 had several incidents of suicidal behavior. Community privileges were dropped and patient was placed on unit restriction with every 5-minute monitoring. The patient had tied a pillowcase around their neck twice even while on every 5-minute checks. The note showed the patient had high risk for suicide and had poor impulse control.

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